

HISTORY FACILITY PROFILE

PARKDALE CARE CENTER PROVIDER #: 465102 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 250 EAST 600 NORTH PHONE NUMBER: (435) 637-2621 TOTAL: 58
 PRICE UT 84501 PARTICIPATION DATE: 11/01/1985 CERTIFIED: 58 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 09/12/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 58	
-----	-----	18	18/19 19 ICF/MR
TOTAL: 44	ADMISSION SUSPENDED:	--	58
MEDICARE: 3	SUSPENSION RESCINDED:		
MEDICAID: 29			
OTHER: 12			

CURRENT SURVEY REVISIT DATES - 11/18/2002

PRIOR 3 SURVEY 02/1999	S/S CODE	PRIOR 2 SURVEY 04/2000	S/S CODE	PRIOR 1 SURVEY 08/2001	S/S CODE	CURRENT SURVEY 09/12/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	B								REQ F0160-CONVEYANCE OF RES FUNDS UPON DEATH
X	E								REQ F0241-DIGNITY
		X	E						REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	E			X C	D	10/31/2002	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	G			X C	D	10/31/2002	REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
		X	D			X C	E	10/25/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
						X C	E	10/15/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	E	10/31/2002	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	E	10/15/2002	REQ F0444-WASH HANDS WHEN INDICATED
						X C	E	10/31/2002	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 01/1999	PRIOR 2 SURVEY 03/2000	PRIOR 1 SURVEY 04/2001	CURRENT SURVEY 09/12/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			X C	10/23/2002	K0018-CORRIDOR DOORS
X	X	X	X N		K0025-SMOKE PARTITION CONSTRUCTION
		X	X C	10/25/2002	K0046-EMERGENCY LIGHTING
X			X C	10/07/2002	K0050-FIRE DRILLS
X	X	X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0061-MAIN SPRINKLER CONTROL
			X C	10/25/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0070-SPACE HEATERS
	X				K0076-MEDICAL GAS SYSTEM
X	X	X			K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	7	0	4	3
HEALTH TOTAL	7	0	4	3
LIFE SAFETY CODE	6	5	4	5
LIFE SAFETY CODE + HEALTH	13	5	8	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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08/28/1997	SUBSTANTIATED
02/03/1999	UNSUBSTANTIATED
04/20/2000	UNSUBSTANTIATED
05/16/2001	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT